

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 - 1955

State File No. 18576
2496

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 32 yrs		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1206 WOODLAND #3				STREET ADDRESS (If rural, give location) 1206 WOODLAND APT. 30			
3. NAME OF DECEASED (Type or Print) a. (First) JOSHUA		b. (Middle)		c. (Last) CHUNN		4. DATE OF DEATH (Month) (Day) (Year) 6-6-1955	
5. SEX 2 MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 6, 1895	
9. AGE (In years last birthday) 59		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER		10b. KIND OF BUSINESS OR INDUSTRY PACKINGHOUSE		11. BIRTHPLACE (City and State or Foreign Country) BIRMINGHAM, ALA.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME CLAYBORN CHUNN		13b. MOTHER'S MAIDEN NAME JULIA FLEMINGS		14. NAME OF HUSBAND OR WIFE MARIE CHUNN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 510-05-4319		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARIE CHUNN 1206 WOODLAND, K.C., MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 410K			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 6/5/55, 1955, to 6/6/55, 1955, that I last saw the deceased alive on 6/5/55, and that death occurred at 7 A.M., from the causes and on the date stated above.							
23a. SIGNATURE L.W. Turner MD				23b. ADDRESS 1412 E 12		23c. DATE SIGNED 6/10/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 6-13-1955		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) FT. LEAVEN WORTH, KANS.	
DATE REC'D BY LOCAL REG. 6-11-55		REGISTRAR'S SIGNATURE neva Minaball		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BROWN & HUDSON K.C., MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *J. J. Manlove*

Licensed Embalmer No. 3999

P. O. Address 2503 H

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.